Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		ОЯ	OTHER	
TOTAL CLAIMS			17					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		8	ASIÇ FE	355.00	ОЯ	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ 7 minus 20=		•			X\$ 9=		ОЯ	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		•			X40=	†	OR	X80=	
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=	1	OR	+270=	
• If	the difference	in column 1 is	less than ze	ro, enter	r "0" in c	column 2		TOTAL	 	OR		710
CLAIMS AS AMENDED - PART II								TOTAL	L	JOH	OTHER	710
(Column 1) (Column 2) (Column 3)							;	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	9	20			X\$ 9=		OR	X\$18=	
	Independent	. 2	Minus	***	3			X40=		OR	X80=	
_	FIRST PRESE	NTATION OF MI	JETIPLE DEI	ENDEN	CLAIM		' [+135=		OR	+270=	
							ــا د	TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)		DDIT. FEE			MUDIII. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	11	x\$ 9=		OR	X\$18=	
	Independent	·	Minus	***	- C1 0114	# r-3		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							' [+135=		OR	+270=	
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
_		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<u>. </u>	Minus	••		=		X\$ 9≈		OR	X\$18=	j
	Independent	•	Minus	**		=		X40=		OP	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		╽├			OR		
											+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.* ADDIT. FEE OR ADDIT. FEE TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number